my CalPERS

READINESS TEAM

Data Element Definitions
For
Health Enrollment File

Important:
This Data Element Definition document does NOT describe the file structure for the Health Enrollment File. Please refer to the appropriate XSD (XML Schema Definition) file, contained in the Technical Toolkit, for the file structure. This Data Element Definition document is only intended to describe the data elements and relationships. Further information on how to use the documents and files included in the Technical Toolkit can be found in the Guide to the Technical Toolkit.

The Health Enrollment Reporting File Table below provides a list of data fields that Employers will be asked to provide CalPERS in the Health Enrollment process. The columns given below are intended to be used for the purpose of helping to identify the information that must be submitted, and how the information should be formatted. Each column should be interpreted as follows:

- Data Element Number – The numerical designation that corresponds with data element in the same row
- Data Element Name – The plain-English name of the information that will be required in this field
- Description of Submitted Data – A longer, more detailed description of the field including explanation of submitted data, and any conditions under which the field must be populated
- R/O/C – Indicates if the information is required, optional, or conditional
    - 'R' indicates that the data is required for the field and an error will generate if the field is not populated
    - "C" indicates that the data for that field is required when certain conditions are met based on values in another field. Applicable conditions are located in the column of this document titled 'Description'. Information populated when not called for by a condition will be ignored. If data is missing in a Conditional field that required the data based on a condition, an error will be returned
    - 'O' indicates that the data is optional for that field. Information populated when not called for will be ignored. If data is missing in an Optional field, no error will be returned. The column titled 'Description' indicates what format the optional data must be provided in. If optional data is provided that does not meet the specified format an error will result
- Data Hierarchy – Provides context of how the data element relates to other data elements in the XML file structure (see data structure outline on page 2 of this document)
- Data Type – Tells what kind of data is being dealt with. May indicate: date, string, or integer
    - Except where noted, the data element cannot contain any of the following characters:

Asterisk	*	Grave	`
At sign	@	Greater than sign	>
Backslash	\	Less than sign	<
Braces	{ }	Percent sign	%
Brackets	[ ]	Plus sign	+
Caret	^	Question mark	?
Dollar sign	$	Quotation mark	"
Equal sign	=	Under score	_
Exclamation point	!	Vertical bar		

- Field Values – A list of the data that should be provided, if applicable, or the format that the field should be populated under
- Max Length – The maximum number of characters that the field will accept

Appendix B of this document contains an analysis of the future fields in the Health Enrollment file, and their equivalent, if applicable, in the ACES system currently used today. Also included is a column labeled 'Change?', which states if a change in the current column is going to occur.

We do not anticipate significant changes to the file format however additional field values will be identified in the coming months. Please check the PERT webpage for the latest file format and review the information entitled *Known Inconsistencies in the Data Element Specifications* for data elements that are pending clarification through a formal change control process at this link:

http://www.calpers.ca.gov/index.jsp?bc=/employer/pert/home.xml

Also included on this website is the XML Schema Definition (XSD) that provides a sample XML data structure. Employer produced XML files must conform to the XSD in order to be considered 'valid'. Employers will be able to use the schema to help develop or alter their systems to comply with the new standards in order to submit data files to CalPERS. XML tools are available on a variety of platforms to help IT developers create XML files that adhere to the CalPERS schema. The XML file is different from flat files that many Employers send CalPERS today in that the information is organized in a hierarchical structure much like a standard outline. The XML Schema Definition, available at the link above, documents this report structure in detail. This document provides an indication of how the report fields are related to each other in the column titled 'data type'. The following is an outline of the XML file structure:

A. Subscriber Health Enrollment – For example, Person ID, Medical Plan, and Appointment ID
   1. Dependent – For example, Dependent First and Last Name, Dependent Address

The outline above can be repeated so there can be multiple dependents for a Subscriber in a single file.

In addition to the XSD, a sample XML file will be provided. The sample output file can be used as a model for your agency as you produce test files.

XML technologies define an extensible messaging framework that provides a message construct that can be exchanged over a variety of underlying protocols. This framework is designed to be independent of any particular programming language, platform, and other technical criteria. The following links provide some of the tools that are available on the internet that can help you better understand how to prepare an XML Schema:

ToolKit / Information	Location
Java Apache AXIS	http://xml.apache.org/axis
Python Web Services	http://Pywebsvcs.sourceforge.net
Perl SOAP	http://www.soaplite.com
PHP NuSOAP	http://www.sourceforge.net/projects/nusoap/
XML	http://www.xml.org/
Microsoft Windows Communication Foundation (WCF) – search by "Building Clients"	http://msdn.microsoft.com/en-us/netframework/aa663324.aspx
C++	http://www.sqldata.com/SoapClient/SoapClient30.htm

Version History

VER.	DE#	DATA ELEMENT NAME	DESCRIPTION OF CHANGE
		INTRODUCTION – Toolkit	Updated Microsoft's Location/Link
v4	13	Appointment ID	Changed Max Length from 16 to 10
v4	15	Person Identifier	Changed Data Type from Integer to String
			Changed Field Values from alphanumeric to digits (XXX to ###)
v4	18	Retirement System	Added new field
v4	20	First Name	Changed Max Length from 30 to 20
v4	22	Last Name	Changed Max Length from 20 to 30
v4	29	Health Eligibility ZIP Code	Changed Data Type from Integer to String
v4	34	City	Deleted duplicate text in Field Values
v4	36	ZIP Code 5	Changed Data Type from Integer to String
v4	37	ZIP Code 4	Changed Data Type from Integer to String
v4	40	Postal Code	Changed Max Length from 3 to 12
v4	47	Qualifying Person ID	Changed Data Type from Integer to String
			Changed Field Values from alphanumeric to digits (XXX to ###)
v4	50	First Name	Changed Max Length from 30 to 20
v4	51	Middle Name	Changed Middle Name from 10 to 20
v4	52	Last Name	Changed Last Name from 20 to 30
v4	63	Dependent Identifier	Changed Data Type from Integer to String
			Changed Field Values from alphanumeric to digits (XXX to ###)

VER.	DE#	DATA ELEMENT NAME	DESCRIPTION OF CHANGE
v4	67	Dependent First Name	Changed Max Length from 30 to 20
v4	69	Dependent Last Name	Changed Max Length from 20 to 30
v4	70	Dependent Suffix	Changed from Conditional to Optional
V5		Appendix B – Comparison of New Field Values to Legacy (ACES) Field Values	Added Retirement System to the table
V6	26	Address Type	Deleted 'Benefit Payment Address', 'Rollover 1 Address, 'Rollover 2 Address', 'IME Appointment Address', 'USPS Provided', and 'Third Party Provided' codes
V6	41	Phone Type	Updated codes and code values
V6	57	Affiliated Association	Updated code values
V6	58	Medical Plan	Added clarifying language to the Field Values column
V6	59	Medical Group	Added clarifying language to the Field Values column
V6	73	Dependent Address Type	Deleted 'Benefit Payment Address', 'Rollover 1 Address, 'Rollover 2 Address', 'IME Appointment Address', 'USPS Provided', and 'Third Party Provided' codes
V6	84	Dependent Relationship	Modified the list of relationships available to report
V6		Appendix A.2 – Health Event Reasons	Modified the list of health event reasons
V6		Appendix A.3 – State Code Values	Modified code value for Marshall Islands
V6		Appendix A.4 – Country Code Values	Modified code values for countries
V6		Appendix A.5 – County Code Values	Modified code values for counties

VER.	DE#	DATA ELEMENT NAME	DESCRIPTION OF CHANGE
V6		Appendix A.6 – Permissive Events	Modified list of permissive events
V7		Appendix A.6 – Permissive Events	Added Health Event reason code values to the permissive events

Health Enrollment Reporting File Table

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
1	Employer's CalPERS ID	**Description:** The CalPERS ID is a unique 10 digit identifier created by the new system. This unique identifier replaces the Employer/Unit Code**.** **Explanation:** The new system will create this unique identifier. This unique identifier replaces the Employer/Unit Code. • If the County Office of Education (COE) reports for a school district, use the school district's CalPERS ID. • If the school district reports itself, use the school district's CalPERS ID. • If the COE reports on behalf of COE employees, use the COE's CalPERS	R	Subscriber Health Enrollment	String	##########	10

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES		MAX LENGTH
		ID. **Required:** This data is required **Note:** No notable information						
2	Health Event Type	**Description:** The health event type **Explanation:** See description. **Required:** This data is required **Note:** No notable information	R	Subscriber Health Enrollment	String	**LONG NAME**	**CODE VALUES**	3
						Add Dependent	ADP	
						Delete Dependent	DDP	
						Cancel Coverage	CCO	
						Change Health Plan	CHP	
						Dependent Address Change	DEC	
						Change Premium Payment Method	CPP	
						New Enrollment	NEN	
						Open Enrollment	OEN	
						Continued Enrollment	COE	
						Update Enrollment	UEN	
						COBRA New Enrollment	CNE	

For descriptions of Health Event Types, please see Appendix A, Section 1

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
3	Health Event Reason	**Description:** The reasons for health enrollment. These are categorized by Health Event Types **Explanation:** See description **Required:** This data is required **Note:** No notable information	R	Subscriber Health Enrollment	String	See Appendix A, Section 2	3
4	Unique Transaction Identifier	**Description:** The Unique Transaction Identifier is a memo field to record text for tracking purposes. **Explanation:** Employers uploading files can use this field to record a text memo for tracking purposes. **Required:** Required if the file is sent	C	Subscriber Health Enrollment	String	xxxxxxxx-xxxx-xxxx-xxxx-xxxxxxxxxxxx	36

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
		using FTP. It is optional for File Upload **Note:** For Employers who upload files, this filed can be used as a free-text memo for tracking purposes. This is not required for successful submission of the file For FTP-based submissions, CalPERS will return the universally unique identifier (UUID) provided by the employer, with each transaction's success or failure. Employers, who choose this integration style, must be able to programmatically match the UUIDs on the CalPERS response, with the transaction submitted to CalPERS, on the input file. This number must be created by a UUID generator**.**					

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
5	Event Date	**Description:** The date the health event occurred **Explanation:** See description **Required** for all Health Event Types except for 'Open Enrollment' **Note:** No notable information	C	Subscriber Health Enrollment	Date	yyyy-mm-dd	10
6	Received Date	**Description:** The date the Employer was notified of the health event **Explanation:** See description **Required** for all Health Event Types except: • Update Enrollment **Note:** No notable information	C	Subscriber Health Enrollment	Date	yyyy-mm-dd	10

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
7	Apply Change To Medical	**Description:** Indicates that the change/enrollment applies to the Medical benefit **Explanation:** See description **Required** for all Health Event Types, except for 'Change Dependent Address' **Note:** No notable information	C	Subscriber Health Enrollment	String	True False	5

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
8	Apply Change To Dental *(placeholder data element tied to future legislation)*	**Description:** If dental becomes an option in the future, this data element indicates the change/enrollment applies to the Dental benefit **Explanation:** See description **Required** for all Health Event Types, except for 'Change Dependent Address' **Note:** No notable information	C	Subscriber Health Enrollment	String	True False	5

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
9	Apply Change To Vision *(placeholder data element tied to future legislation)*	**Description:** If vision becomes an option in the future, this data element indicates the change/enrollment applies to Vision benefit **Explanation:** See description **Required** for all Health Event Types, except for 'Change Dependent Address' **Note:** No notable information	C	Subscriber Health Enrollment	String	True False	5

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
10	Rescind Indicator	**Description:** Indicates whether a health enrollment transaction, with a future date, should be rescinded **Explanation:** Employers will have the ability to rescind future-dated, permissive, health-enrollment reasons. For a list of the permissive health-event reasons, please see Appendix A, Section 6 **Required:** No required data **Note:** No notable information	O	Subscriber Health Enrollment	String	True False	5

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
11	Rescind Reason	**Description:** Provides the reason why a health enrollment transaction is rescinded **Explanation:** See description **Required** if Rescind Indicator is selected as True **Note:** No notable information	C	Subscriber Health Enrollment	String	Free form text will be allowed to describe the rescind indicator, up to 100 characters	100
12	Rescind Notes	**Description:** This area allows for notes about the reason for rescission **Explanation:** Data accepted if Rescind Indicator is selected as True **Required:** No required data **Note:** No notable information	O	Subscriber Health Enrollment	String	Free form text will be allowed to add notes to the rescind reason, up to 1000 characters	1000

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
13	Appointment ID	**Description:** The Appointment ID uniquely identifies the job into which the employee has been hired. **Explanation:** See description **Required** if the Employee has: • Multiple appointments in the same program (e.g., multiple PERS appointments) with the Employer (as reported in Field 1 – Employer's CalPERS ID), **and** • the Employer is reporting 'New Appointment' for a different program (e.g., Health) **Required** if an appointment update is being reported and:	C	Subscriber Health Enrollment	String	##########	10

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
		• The employee has multiple appointments with the Employer being reported in Field 2 – Employer's CalPERS ID. An appointment update includes the following transaction types: ▪ Add Dependent ▪ Delete Dependent ▪ Cancel Coverage ▪ Change Health Plan ▪ Dependent Address Change ▪ Change Premium Payment Method ▪ Open Enrollment ▪ Continued Enrollment ▪ Update Enrollment **Note:** Prior to system implementation, CalPERS will provide Employers with a list of Appointment IDs for their employees. After system implementation,					

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
		Employers can run a report online to generate a list of Appointment IDs.					
14	Person Identifier Type	**Description:** Type of unique person identifier **Explanation:** When first reporting for a person, this ID can be SSN. On all subsequent transactions for the person, the Person Identifier Type CalPERS ID must be provided **Required:** This data is required **Note:** No notable information.	R	Subscriber Health Enrollment	String	**LONG NAME** / **CODE VALUE** Social Security Number / SSN CalPERS Identification / PID	
15	Person Identifier	**Description:** The unique identifier of the person who qualifies for health enrollment **Explanation:** If SSN is selected as	R	Subscriber Health Enrollment	String	######### (SSN) ########## (CalPERS ID)	10

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
		Person ID Type, the number should be submitted using the following format: • The Social Security Number must be nine digits • Social Security Numbers cannot start with 8, 9, or 666 • Each section of the Social Security Number cannot be all zeroes (i.e., 000######, ###00####, and #####0000 are each prohibited) The CalPERS ID, which is 10-digits, will be created and stored by the new system during enrollment, and will be used to identify participants when data is shared with CalPERS. It will be used in place of a Social Security Number in subsequent enrollment					

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
		files. Prior to system "go-live", CalPERS will send employers a file with the Person Identifier CalPERS ID for each of their existing employees and dependents **Required:** This data is required **Note:** No notable information					

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
16	New SSN	**Description:** The New SSN is a correction to the Social Security Number **Explanation:** Used to correct a member's Social Security Number **Required:** No required data **Note:** Data accepted for Health Event Type 'Update Enrollment' and Health Event Reason 'Update Demographics'	O	Subscriber Health Enrollment	String	#########	9

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
17	Original Hire Date	**Description:** The first hire date recorded for this Employee at this Employer, regardless of whether or not the Employee qualified for health benefits on this date **Explanation:** See description. **Required:** When Transaction Type is 'New Enrollment' and the individual being reported is a non-PERS Health Subscriber **Note:** Fields 17 – 46 are grouped together, because all apply to the Person "Person" refers to the health subscriber, who is the direct recipient of the health benefits (e.g., Member, Survivor)	C	Subscriber Health Enrollment	Date	yyyy-mm-dd	10

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES		MAX LENGTH
18	Retirement System	Required if the person is a non-PERS health subscriber **Description:** The retirement system that the subscriber receives retirement benefits from. **Explanation:** Used to identify which retirement system that the subscriber receives retirement benefits from. **Required:** Required if the person is a non-PERS health subscriber. **Note:** No notable information	C	Subscriber Health Enrollment	String	**LONG NAME**	**CODE VALUE**	3
						CalSTRS	STR	
						Military Retirement System	MRS	
						Other	OTH	

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES		MAX LENGTH
19	Prefix	**Description:** The Person's title **Explanation:** See description **Required:** No required data **Note:** No notable information	O	Subscriber Health Enrollment	String	**LONG NAME**	**CODE VALUE**	3
						Assembly Member	ASM	
						Chief	CHI	
						Councilman	COU	
						Councilwoman	CCW	
						Dean	DEA	
						Doctor	DR	
						Judge	JUD	
						Mayor	MAY	
						Miss	MIS	
						Mister	MR	
						Mrs	MRS	
						Ms	MS	
						President	PRE	
						Professor	PRO	
						Senator	SEN	
						Superintendent	SUP	
						Supervisor	SVR	
						The Honorable	HON	
						Justice	JUS	
						Chief Justice	CHJ	

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
20	First Name	**Description:** The Person's first name **Explanation:** See description **Required:** This data is required **Note:** Only Alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted • Minimum of one alpha character. • Cannot begin with a blank space	R	Subscriber Health Enrollment	String	xxxxxxxxxxxxxxxxxxxx	20

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
21	Middle Name	**Description:** The Person's middle name **Explanation:** See description **Required:** No required data **Note:** Alpha characters only and will allow blank spaces, hyphens (-), and apostrophes (') No minimum required	O	Subscriber Health Enrollment	String	xxxxxxxxxxxxxxxxxxxx	20

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
22	Last Name	**Description:** The Person's last name **Explanation:** See description **Required:** This data is required **Note:** Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted. • Minimum of one alpha character. • Cannot begin with a blank space	R	Subscriber Health Enrollment	String	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	30
23	Gender	**Description:** The Person's gender **Explanation:** See description **Required:** This data is required **Note:** No notable information	R	Subscriber Health Enrollment	String	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Male</td><td>M</td></tr><tr><td>Female</td><td>F</td></tr><tr><td>Unknown</td><td>U</td></tr></table>	3

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
24	Birth Date	**Description:** The Person's date of birth **Explanation:** See description **Required:** This data is required **Note:** No notable information	R	Subscriber Health Enrollment	Date	yyyy-mm-dd	10

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES		MAX LENGTH
25	Suffix	**Description:** The Person's suffix, if applicable **Explanation:** See description **Required:** No required data **Note:** No notable information	O	Subscriber Health Enrollment	String	**LONG NAME**	**CODE VALUE**	3
						Senior	SR	
						Junior	JR	
						First	I	
						Second	II	
						Third	III	
						Fourth	IV	
						Fifth	V	
						Ph.D	PHD	
						MD	MD	
						CPA	CPA	
						Ed.D	EDD	
						Esq.	ESQ	
						DDS	DDS	

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES		MAX LENGTH
26	Address Type	**Description:** The Person's address type **Explanation:** See description **Required for Health Event Type:** ▪ New Enrollment ▪ 'Cancel Coverage', if Health Event Reason is 'Enrolled into Flex Elect' ▪ 'COBRA New Enrollment', if Eligibility Basis is either 'COBRA Qual Dependent' or 'COBRA Qual Dependent New Contracting' **Note:** Only one address type can be submitted with each health enrollment transaction	C	Subscriber Health Enrollment	String	**LONG NAME**	**CODE VALUE**	3
						Mailing Address	MAI	
						Physical Address	PHY	

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
27	Use Address for Health	**Description:** Indicates that the Person's address should be used for health enrollment **Explanation:** See description **Required** for Health Event Type 'COBRA New Enrollment' if Eligibility Basis is either 'COBRA Qual Dependent' or 'COBRA Qual Dependent New Contracting' Data accepted if reported for Health Event Types 'New Enrollment' and 'Cancel Coverage' **Note:** If a PO Box is given, this will result in an error	C	Subscriber Health Enrollment	String	True	5

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
28	Health Eligibility ZIP Code Type	**Description:** The type of ZIP Code used to determine health eligibility **Explanation:** See description **Required** when Health Event Types: • New Enrollment • Change Health Plan • 'Cancel Coverage', when Health Event Reason is 'Enrolled into Flex Elect' • 'COBRA New Enrollment' when Eligibility Basis is 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting' **Note:** No notable information	C	Subscriber Health Enrollment	String	Personal Employer	10

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
29	Health Eligibility ZIP Code	**Description:** The health eligibility ZIP Code **Explanation:** This field is required if Health Eligibility ZIP Code Type is 'Personal' or 'Employer' • Use a numeric format • Must be a US ZIP Code **Required** when Health Event Types: • New Enrollment • Change Health Plan • 'Cancel Coverage', when Health Event Reason is 'Enrolled into Flex Elect' • 'COBRA New Enrollment' when Eligibility Basis is 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting' **Note:**	C	Subscriber Health Enrollment	String	#####	5

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
		If the 'Use Address for Health' is selected, and 'Personal' is selected, the ZIP Code for the address must match the ZIP Code provided for the Health Eligibility ZIP Code					

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
30	County	**Description:** The county the Employee designates for health eligibility **Explanation:** See description **Required for Health Event Types:** ▪ 'New Enrollment' ▪ 'Change Health Plan' ▪ 'Cancel Coverage', when Health Event Reason is 'Enrolled into Flex Elect' ▪ 'COBRA New Enrollment' when Eligibility Basis is 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting' **Note:** No notable information	C	Subscriber Health Enrollment	String	See Appendix A, Section 5	3

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
31	Address 1	**Description:** The first address line of the address to be entered **Explanation:** Typically used for the Employee's street address or "in care of" information. **Required when Health Event Types:** ▪ New Enrollment ▪ 'Cancel Coverage,' when Health Event Reason is 'Enrolled into Flex Elect' ▪ 'COBRA New Enrollment' when 'Eligibility Basis is COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting' **Note:** If the address is an apartment or suite number, and cannot fit in Address 1, then use Address 2	C	Subscriber Health Enrollment	String	Free form text of up to 30 characters	30

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
32	Address 2	**Description:** The second address line **Explanation:** Typically used for the employee's street address if address line 1 was used for "in care of" information; otherwise would be used for address information that does not fit on address line 1, such as; suite number, building name, room number, apartment number, etc. Data accepted if 'Address 1' is supplied **Required:** No required data **Note:** If the c/o or apartment cannot fit in Address 2, then the overflow is put into Address 3	O	Subscriber Health Enrollment	String	Free form text of up to 30 characters	30

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
33	Address 3	**Description:** The third address line **Explanation:** Typically used for any address data that does not fit on address lines 1 and 2 Data accepted if 'Address 1' is supplied **Required:** No required data **Note:** No notable information	O	Subscriber Health Enrollment	String	Free form text of up to 30 characters	30

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
34	City	**Description:** The city applicable to the address entered. **Explanation:** Data accepted if 'Address 1' is supplied **Required:** When Transaction Type is 'Address Change' **Note:** Data element accepts alpha and numeric characters.	C	Subscriber Health Enrollment	String	Free form text of up to 30 characters	30

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
35	State	**Description:** The code value for the state applicable to the address entered, if country selected is United States of America (USA) or Mexico **Explanation:** See description **Required** if 'Country' is USA or Mexico and 'Address 1' is supplied **Note:** No notable information	C	Subscriber Health Enrollment	String	See Appendix A, Section 3 Free form text of up to 30 characters	3

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
36	ZIP Code 5	Description: The first five digits of the zip code for the address designated in Address Type. **Explanation:** If 'Country' is USA, the following are required: • Use numeric format • The first five numbers of the ZIP Code **Required:** If 'Country' is USA and Address 1 is supplied **Note:** No notable information	C	Subscriber Health Enrollment	String	#####	5

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
37	ZIP Code 4	**Description:** The next four **digits of the zip code** or the address designated in Address Type **Explanation:** Data accepted if 'ZIP Code – 5' digits is supplied **Required:** No required data **Note:** No notable information	O	Subscriber Health Enrollment	String	####	4
38	Country	**Description:** The code value for the country **Explanation:** See description. **Required:** Address 1 is supplied **Note:** No notable information	C	Subscriber Health Enrollment	String	See Appendix A, Section 4	3

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES		MAX LENGTH
39	Province/Territory	**Description:** The province or territory	C	Subscriber Health Enrollment	String	**LONG NAME**	**CODE VALUE**	50
		Explanation: See description				Alberta	AB	
						British Columbia	BC	
		Required: If the 'Country' provided is Canada and 'Address 1' is supplied				Manitoba	MB	
						New Brunswick	NB	
						Newfoundland	NF	
						Northwest Territories	NT	
		Note: If Country is not USA, Mexico, or Canada, then Province is optional and can be submitted through free form text.				Nova Scotia	NS	
						Ontario	ON	
						Prince Edward Island	PE	
						Quebec	PQ	
						Saskatchewan	SK	
						Yukon	YT	

Free form text of up to 50 characters if Country not equal to Canada, USA, or Mexico.

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
40	Postal Code	**Description:** The International Postal Code **Explanation:** The International Postal Code is alphanumeric **Required:** When Country indicated is Canada or Mexico **Note:** No notable information	C	Subscriber Health Enrollment	String	Free form text of up to 12 characters	12

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES		MAX LENGTH
41	Phone Type	**Description:** The phone type used (e.g. cellular, fax, office) **Explanation:** See description **Required:** No required data **Note:** Data accepted for Health Event Type 'COBRA New Enrollment' if Eligibility Basis is either 'COBRA Qual Dependent' or 'COBRA Qual Dependent New Contracting'; should not be provided for other Eligibility Basis values Data accepted for Health Event Type 'New Enrollment' and 'Cancel Coverage'	O	Subscriber Health Enrollment	String	**LONG NAME**	**CODE VALUE**	3
						Work	WOR	
						FAX	FAX	
						TYY	TYY	
						Cellular	MOB	
						Home	HOM	
						Other	OTR	

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
42	US Phone	**Description:** The Person's contact phone number in the USA **Explanation:** See description **Required:** No required data **Note:** When this field is selected, ten (10) numbers are required. The phone number may not contain spaces, hyphens (-), or parentheses () Data accepted for Health Event Type 'COBRA New Enrollment' if Eligibility Basis is either 'COBRA Qual Dependent' or 'COBRA Qual Dependent New Contracting'; should not be provided for other Eligibility Basis values Data accepted for Health Event Type 'New	C	Subscriber Health Enrollment	String	##########	10

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
		Enrollment' and 'Cancel Coverage' The phone number may not contain any spaces, hyphens, or parentheses. Should only have numeric values **Note:** No notable information					

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
43	International Phone	**Description:** The Person's International contact phone number **Explanation:** See description **Required:** No required data **Note:** Data accepted for Health Event Type 'COBRA New Enrollment' if Eligibility Basis is either 'COBRA Qual Dependent' or 'COBRA Qual Dependent New Contracting'; should not be provided for other Eligibility Basis values Data accepted for Health Event Type 'New Enrollment' and 'Cancel Coverage'	O	Subscriber Health Enrollment	String	xxx [minimum 3 digits, and up to 24 digits], plus signs, dashes, spaces and parentheses are allowed. + - ()	24

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
44	Extension	**Description:** The extension of the Person's phone number provided **Explanation:** See description **Required:** No required data **Note:** Will only accept numeric values. Data accepted for the Health Event Types 'New Enrollment', 'Cancel Coverage', and 'COBRA New Enrollment'	O	Subscriber Health Enrollment	String	#####	5

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
45	Email	**Description:** The Person's email address **Explanation:** See description **Required:** No required data **Note:** Data accepted for the Health Event Types 'New Enrollment', 'Cancel Coverage', and 'COBRA New Enrollment'	O	Subscriber Health Enrollment	String	xxxxx@xxxxx.xxx xxxxx@xxxxx.xx.xxx [xxxxx.ca.gov] xxxxx@xxxxx.xx.xx [xxxxx.ci.us]	50

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES		MAX LENGTH
46	Qualifying Person ID Type	**Description:** The type of unique identifier for the member that qualifies the Subscriber for health enrollment **Explanation:** When first reporting for an employee, this ID can be SSN. On all subsequent transactions for the employee, the CalPERS ID must be provided Data accepted if reported for Health Event Type 'Cancel Coverage' **Required** for Health Event Type: • 'New Enrollment ' when Health Event Reason is 'STRS Survivor No Allowance' • 'COBRA New Enrollment' when Eligibility Basis is 'COBRA Qual Dependent' or 'COBRA	C	Subscriber Health Enrollment	String	**LONG NAME**	**CODE VALUE**	3
						Social Security Number	SSN	
						CalPERS Identification	PID	

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
		Qualifying Dependent New Contracting' • 'Continued Enrollment' when Health Event Reason is 'Re-enroll SES/PA FFPO Survivor' **Note:** Data Elements 46-61 are grouped together, because all apply to the 'Qualifying Person'					
47	Qualifying Person ID	**Description:** The unique identifier of the member who qualifies the Subscriber for health enrollment **Explanation:** Data accepted if reported for Health Event Type 'Cancel Coverage' If SSN is selected as ID type, the number should be submitted using the following format: • The Social Security	C	Subscriber Health Enrollment	String	######### (SSN) ########## (CalPERS ID)	10

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
		Number must be nine digits • Social Security Numbers cannot start with 8, 9, or 666 • Each section of the Social Security Number cannot be all zeroes (i.e., 000 ######, ###00####, and #####0000 are each prohibited) The CalPERS ID, which is 10-digits, will be created and stored by the new system during enrollment, and will be used to identify participants when data is shared with CalPERS. It will be used in place of a Social Security Number in subsequent enrollment files. Prior to system "go-live", CalPERS will send employers a file with the CalPERS IDs for each of their existing employees and dependents					

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
		Required for Health Event Type: • 'New Enrollment' when Health Event Reason is 'STRS Survivor No Allowance' • 'COBRA New Enrollment' when Eligibility Basis is 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting' • 'Continued Enrollment' when Health Event Reason is 'Re-enroll SES/PA FFPO Survivor' **Note:** No notable information					
48	Permanent Separation Date	**Description:** Last day of a qualifying individual's employment **Explanation:** See description **Required** for Health Event	C	Subscriber Health Enrollment	Date	yyyy-mm-dd	10

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
		Type 'Cancel Coverage': • If the individual is a non-PERS Health Subscriber; or • If the Health Event Reason is either 'Cancel Perm Separation' or 'Layoff Cancel' **Required** for Health Event Type 'COBRA New Enrollment': • If Eligibility Basis is either 'COBRA Qual Subscriber' or 'COBRA Qualifying Subscriber New Contracting,' and if individual is Non-PERS **Note:** No notable information					

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
49	Retirement Date	**Description:** The retirement date of the qualifying individual **Explanation:** • See description **Required** if the individual is a non-PERS Health Subscriber and Health Event Types are: • New Enrollment • Continued Enrollment **Note:** No notable information	C	Subscriber Health Enrollment	Date	yyyy-mm-dd	10

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
50	First Name	**Description:** The first name of the member who qualifies the Subscriber for health Enrollment **Explanation:** See description **Required:** This data is required **Note:** The following characters are permitted: • Only Alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted	R	Subscriber Health Enrollment	String	xxxxxxxxxxxxxxxxxxxx	20

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
51	Middle Name	**Description:** The middle name of the member who qualifies the Subscriber for health Enrollment **Explanation:** See description **Required:** No required data **Note:** Only alpha and will allow blank spaces, hyphens (-), and apostrophes (')	O	Subscriber Health Enrollment	String	xxxxxxxxxxxxxxxxxxxx	20

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
52	Last Name	**Description:** The last name of the member who qualifies the Subscriber for health Enrollment **Explanation:** See description **Required:** This data is required **Note:** The following characters are permitted: • Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted • Minimum of one alpha character • Cannot start with a blank space	R	Subscriber Health Enrollment	String	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	30

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES		MAX LENGTH
53	Gender	**Description:** The gender of the member who qualifies the Subscriber for health enrollment. **Explanation:** Data accepted if reported for Health Event Type 'Cancel Coverage' **Required** for Health Event Type: • 'New Enrollment' when Health Event Reason is 'STRS Survivor No Allowance' • 'COBRA New Enrollment' when Eligibility Basis is 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting' • 'Continued Enrollment' when Health Event Reason is 'Re-enroll SES/PA FFPO Survivor'	C	Subscriber Health Enrollment	String	**LONG NAME**	**CODE VALUE**	3
						Male	M	
						Female	F	
						Unknown	U	

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
		Note: No notable information					
54	Birth Date	**Description:** The date of birth of the member who qualifies the Subscriber for health enrollment **Explanation:** Data accepted if reported for Health Event Type 'Cancel Coverage' **Required** for Health Event Type: • 'New Enrollment when Health Event Reason is 'STRS Survivor No Allowance' • 'COBRA New Enrollment' when Eligibility Basis is 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting' • 'Continued Enrollment' when Health Event Reason is 'Re-enroll	C	Subscriber Health Enrollment	Date	yyyy-mm-dd	10

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES		MAX LENGTH
		SES/PA FFPO Survivor' **Note:** No notable information						
55	Eligibility Basis	**Description:** The basis for COBRA eligibility **Explanation:** See description **Required** for Health Event Type 'COBRA New Enrollment' **Note:** No notable information	C	Subscriber Health Enrollment	String	**LONG NAME**	**CODE VALUE**	3
						COBRA Qualifying Subscriber	CSB	
						COBRA Qualifying Dependent	CDT	
						COBRA Qualifying Subscriber New Contracting	CSC	
						COBRA Qualifying Dependent New Contracting	CDC	

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES		MAX LENGTH
56	Original COBRA Start Date	**Description:** The first day of COBRA health enrollment coverage **Explanation:** See description **Required** for Health Event Type 'COBRA New Enrollment' **Note:** No notable information	C	Subscriber Health Enrollment	Date	yyyy-mm-dd		10
57	Affiliated Association	**Description:** The affiliated association of the qualifying Individual **Explanation:** See description **Required** if the 'Medical Plan' selected is an affiliated association **Note:** No notable information	C	Subscriber Health Enrollment	String	**LONG NAME**	**CODE VALUE**	3
						California Associations of Highway Patrol	CHP	
						California Correctional Peace Officers Association	CPO	
						Peace Officers Research Association of California	POR	

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
58	Medical Plan Selection	**Description:** Used to select a medical plan **Explanation:** The list of Medical Plans will be updated by CalPERS and distributed, on an as-needed- basis annually If updating or changing dependent address, this field need not be completed **Required** when 'Apply to Medical' is True for the following Health Event Types: • New Enrollment • Change Health Plan • Continued Enrollment **Required** under the Health Event Type 'COBRA New Enrollment' and 'Continued Enrollment' under the following conditions: • 'Apply to Medical' is selected as 'True' and	C	Subscriber Health Enrollment	String	The list of Medical Plans and their associated three digit code values will not be changed from their current values. Please continue to report the same Medical Plan values as you do today.	3

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
		• Eligibility Basis is 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting' **Required** for Health Event Type 'Open Enrollment' when 'Apply to Medical' is True and the Health Event Reason: is: • New Enrollment, or • Change Health Plan **Note:** No notable information					

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
59	Medical Group	**Description:** The medical group of the qualifying Individual **Explanation:** The system will generate a unique number for the medical group for the Public Agency or School District's PEMHCA (Public Employer Medical and Hospital Care Act) Health Contract **Required** for Health Event Types: • New Enrollment • COBRA New Enrollment • Continued Enrollment • 'Update Enrollment' if Health Event Reason is 'Change Medical Group' **Note:** No notable information	C	Subscriber Health Enrollment	String	The list of Medical Groups and their associated three digit code values will not be changed from their current values. Please continue to report the same Medical Group values as you do today.	3

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
60	Dental Plan Selection *(placeholder data tied to future legislation)*	**Description:** If dental becomes an option in the future, this would be used to select a dental plan **Explanation:** See description **Required:** No required data **Note:** No notable information	C	Subscriber Health Enrollment	String		3
61	Vision Plan Selection *(placeholder data tied to future legislation)*	**Description:** If vision becomes an option in the future, this would be used to select a vision plan **Explanation:** See description **Required:** No required data **Note:** No notable information	C	Subscriber Health Enrollment	String		3

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES		MAX LENGTH
62	Dependent Identifier Type	**Description:** The type of person identifier available for the Dependent **Explanation:** Type of unique employee identifier. On first report of an employee, this can be SSN. On all subsequent transactions for the employee, this will be the Dependent Identifier Type CalPERS ID **Required** for Health Event Types: • Delete Dependent • Change Dependent Address **Required** when Dependent Relationship is 'Spouse' or 'Domestic Partner' for the following Health Event Types: • New Enrollment • Add Dependent **Required** when Dependent	C	Dependent Information	String	**LONG NAME**	**CODE VALUE**	3
						Social Security Number	SSN	
						CalPERS Identification	PID	

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
		Relationship is 'Spouse' or 'Domestic Partner' and the Health Event Type is 'COBRA New Enrollment', and Eligibility Basis is either 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting' **Required** when Dependent Relationship is 'Spouse' or 'Domestic Partner' for the following Health Event Types during Open Enrollment: 'New Enrollment' and 'Add Dependent' **Required** if Health Event Reason is 'Delete Dependent' in Open Enrollment **Note:** Data Elements 61 – 89 are grouped together, as they all apply to a Dependent					

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
63	Dependent Identifier	**Description:** Type of unique identifier **Explanation:** If SSN is selected as the ID type, the number should be submitted using the following format: • The Social Security Number must be nine digits • Social Security Numbers cannot start with 8, 9, or 666 • Each section of the Social Security Number cannot be all zeroes (i.e., 000######, ###00####, and #####0000 are each prohibited) **Required** for Health Event Types: • Delete Dependent • Change Dependent Address **Required** when Dependent	C	Dependent Information	String	######### (SSN) ########## (CalPERS ID)	10

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
		Relationship is 'Spouse' or 'Domestic Partner' for the following Health Event Types: • New Enrollment • Add Dependent **Required** when Dependent Relationship is 'Spouse' or 'Domestic Partner' and the Health Event Type is 'COBRA New Enrollment', and Eligibility Basis is either 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting' **Required** when Dependent Relationship is 'Spouse' or 'Domestic Partner' for the following Health Event Types during Open Enrollment: 'New Enrollment' and 'Add Dependent' **Required** if Health Event Reason is 'Delete Dependent' in Open					

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
		Enrollment The CalPERS ID, which is 10-digits, will be created and stored by the new system during enrollment, and will be used to identify participants when data is shared with CalPERS. It will be used in place of a Social Security Number in subsequent enrollment files. Prior to system "go-live", CalPERS will send employers a file with the CalPERS IDs for each of their existing employees and dependents **Note:** No notable information					

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES		MAX LENGTH
64	Dependent Gender	**Description:** The Dependent's gender **Explanation:** See description. **Required** if Dependent Identifier is provided. **Note:** No notable information	C	Dependent Information	String	**LONG NAME**	**CODE VALUE**	3
						Male	M	
						Female	F	
						Unknown	U	
65	Dependent DOB	**Description:** The Dependent's date of birth **Explanation:** See description **Required** if Dependent Identifier is provided. **Note:** No notable information	C	Dependent Information	Date	yyyy-mm-dd		10

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES		MAX LENGTH
66	Dependent Prefix	**Description:** The Dependent's title **Explanation:** See description **Required:** No required data **Note:** No notable information	O	Dependent Information	String	**LONG NAME**	**CODE VALUE**	3
						Assembly Member	ASM	
						Chief	CHI	
						Councilman	COU	
						Councilwoman	CCW	
						Dean	DEA	
						Doctor	DR	
						Judge	JUD	
						Mayor	MAY	
						Miss	MIS	
						Mister	MR	
						Mrs	MRS	
						Ms	MS	
						President	PRE	
						Professor	PRO	
						Senator	SEN	
						Superintendent	SUP	
						Supervisor	SVR	
						The Honorable	HON	
						Justice	JUS	
						Chief Justice	CHJ	

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
67	Dependent First Name	**Description:** The Dependent's first name **Explanation:** See description **Required** if Dependent Identifier is provided. **Note:** The following characters are permitted: • Only Alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted	C	Dependent Information	String	xxxxxxxxxxxxxxxxxxxx	20

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
68	Dependent Middle Name	**Description:** The Dependent's middle name **Explanation:** Data accepted for Health Event Types 'New Enrollment', 'Add Dependent', or 'COBRA New Enrollment' if Dependent Identifier is supplied **Required:** No required data **Note:** The following characters are permitted: • Only alpha characters, blank spaces, hyphens (-), apostrophes (') will be accepted	O	Dependent Information	String	xxxxxxxxxxxxxxxxxxxx	20

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
69	Dependent Last Name	**Description:** The Dependent's last name **Explanation:** See description **Required** if Dependent Identifier is provided. **Note:** Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted. • Minimum of one alpha character. • Cannot begin with a blank space	C	Dependent Information	String	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	30

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES		MAX LENGTH
70	Dependent Suffix	**Description:** The Dependent's suffix, if applicable. **Explanation:** See description **Required:** No required data **Note:** No notable information	O	Dependent Information	String	**LONG NAME**	**CODE VALUE**	3
						Senior	SR	
						Junior	JR	
						First	I	
						Second	II	
						Third	III	
						Fourth	IV	
						Fifth	V	
						Ph.D	PHD	
						MD	MD	
						CPA	CPA	
						Ed.D	EDD	
						Esq.	ESQ	
						DDS	DDS	

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
71	Date of Marriage/Partnership	**Description:** The date the Dependent became a spouse/domestic partner of the Primary Subscriber **Explanation:** See description **Required** for Health Event Types 'New Enrollment', 'Add Dependent', or 'COBRA New Enrollment' if Dependent Identifier is supplied and Dependent Relationship is 'Spouse' or 'Domestic Partner' **Note:** No notable information	C	Dependent Information	Date	yyyy-mm-dd	10
72	Address Same as Primary Subscriber	**Description:** Indicates if the Dependent's address is the same as the Primary Subscriber **Explanation:** See description	C	Dependent Information	String	True False	5

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
		Required under the following conditions**:** If True, and Health Event Type is 'New Enrollment', then other dependent address information is not needed (only applicable when dependent is added during New Enrollment) If True, and Health Event Type is 'Add Dependent' or 'Change Dependent Address', then other dependent address information is not needed Data accepted if Health Event Type is 'COBRA New Enrollment', and Eligibility Basis is 'COBRA Qual Subscriber' Data accepted if Health Event Type is 'COBRA New Enrollment', and Eligibility Basis is 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New					

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
		Contracting;'; For other Eligibility Basis status's can only carry over dependents from previous enrollment

If True, and Health Event Type is 'Open Enrollment' and Health Event Reason is 'New Enrollment', then other dependent address information is not needed (only applicable when dependent is added during new enrollment)

If True, and Health Event Type is 'Open Enrollment' and Health Event Reason is 'Add Dependent', then other dependent address information is not needed

Note:
No notable information | | | | | |

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES		MAX LENGTH
73	Dependent Address Type	**Description:** The Dependent's address type **Explanation:** See description **Required for Health Event Type:** ▪ New Enrollment ▪ 'Cancel Coverage', if Health Event Reason is 'Enrolled into Flex Elect' ▪ 'COBRA New Enrollment', if Eligibility Basis is either 'COBRA Qual Dependent' or 'COBRA Qual Dependent New Contracting' **Note:** Only one address type can be submitted with each health enrollment transaction	C	Dependent Information	String	**LONG NAME**	**CODE VALUE**	3
						Mailing Address	MAI	
						Physical Address	PHY	

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
74	Dependent Address 1	**Description:** The first address line of the address to be entered **Explanation:** Typically used for the Employee's street address or "in care of" information. **Required when Health Event Types:** ▪ New Enrollment ▪ 'Cancel Coverage,' when Health Event Reason is 'Enrolled into Flex Elect' ▪ 'COBRA New Enrollment' when 'Eligibility Basis is COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting' **Note:** If the address is an apartment or suite number, and cannot fit in Address 1, then use Address 2	C	Dependent Information	String	Free form text of up to 30 characters	30

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
75	Dependent Address 2	**Description:** The second address line **Explanation:** Typically used for the employee's street address if address line 1 was used for "in care of" information; otherwise would be used for address information that does not fit on address line 1, such as; suite number, building name, room number, apartment number, etc. Data accepted if 'Address 1' is supplied **Required:** No required data **Note:** If the c/o or apartment cannot fit in Address 2, then the overflow is put into Address 3	O	Dependent Information	String	Free form text of up to 30 characters	30

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
76	Dependent Address 3	**Description:** The third address line **Explanation:** Typically used for any address data that does not fit on address lines 1 and 2 Data accepted if 'Address 1' is supplied **Required:** No required data **Note:** No notable information	O	Dependent Information	String	Free form text of up to 30 characters	30

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
77	Dependent City	**Description:** The city applicable to the address entered. **Explanation:** Data accepted if 'Address 1' is supplied **Required:** When Transaction Type is 'Address Change' **Note**: Data element accepts alpha and numeric characters.	C	Dependent Information	String	Free form text of up to 30 characters	30

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
78	Dependent State	**Description:** The code value for state if 'Country' selected is either the USA or Mexico **Explanation:** See description. **Required** if 'Country' is USA or Mexico and 'Address 1' is supplied **Note:** No notable information	C	Dependent Information	String	See Appendix A, Section 3 Free form text of up to 30 characters	3

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
79	Dependent ZIP Code 5	**Description:** The first five **digits of the zip code** for the address designated in Address Type. **Explanation:** If 'Country' is USA, the following are required: • Use numeric format • The first five numbers of the ZIP Code **Required:** if 'Country' is USA and Address 1 is supplied **Note:** No notable information	C	Dependent Information	String	#####	5

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
80	Dependent ZIP Code 4	**Description:** The next four **digits of the zip code** or the address designated in Address Type: **Explanation:** Data accepted if 'ZIP Code – 5' digits is supplied **Required:** No required data **Note:** No notable information	O	Dependent Information	String	####	4

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
81	Dependent Country	**Description:** The code value for the country **Explanation:** See description **Required:** Address 1 is supplied **Note:** No notable information	C	Dependent Information	String	See Appendix A, Section 4	3

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES		MAX LENGTH
82	Dependent Province/Territory	**Description:** The province or territory which coincides with the Address Type

Explanation: See description

Required: If the 'Country' provided is Canada and 'Address 1' is supplied

Note: If Country is not USA, Mexico, or Canada, then Province is optional and can be submitted through free form text. | C | Dependent Information | String | **LONG NAME** | **CODE VALUE** | 50 |
						Alberta	AB	
						British Columbia	BC	
						Manitoba	MB	
						New Brunswick	NB	
						Newfoundland	NF	
						Northwest Territories	NT	
						Nova Scotia	NS	
						Ontario	ON	
						Prince Edward Island	PE	
						Quebec	PQ	
						Saskatchewan	SK	
						Yukon	YT	

Free form text of up to 50 characters if Country not equal to Canada, USA, or Mexico.

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
83	Dependent Postal Code	**Description:** The International Postal Code **Explanation:** The International Postal Code is alphanumeric **Required:** If the 'Country' provided is not USA and 'Address1' is supplied **Note:** No notable information	C	Dependent Information	String	Free form text of up to 12 characters	12

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES		MAX LENGTH
84	Dependent Relationship	**Description:** The Dependent's relationship to the Primary Subscriber **Explanation:** See description **Required** if Health Event Type is 'Add Dependent' **Required** for Health Event Types 'New Enrollment' and 'COBRA New Enrollment' if Dependent Identifier is supplied **Note:** No notable information	C	Dependent Information	String	**LONG NAME**	**CODE VALUE**	3
						Spouse	SPO	
						Domestic Partner	DP	
						Brother	BRO	
						Sister	SIS	
						Niece	NIE	
						Nephew	NEP	
						Grandchild	GC	
						Child	CHI	
						Step Child	SC	
						Domestic Partner Child	DPC	
						Step Grandchild	SG	
						Great Grandchild	GG	
						Cousin	COU	
						Other Person	OP	
						Adopted Child	ADC	

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES			MAX LENGTH
85	Dependent Type	**Description:** The type of Dependent **Explanation:** See description **Required** for Health Event Type 'Add Dependent' **Required** if dependent is added during Health Event Type 'New Enrollment' **Required** if Health Event Type is 'COBRA New Enrollment' and Eligibility Basis is 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting;'; For other COBRA eligibilities can only carry over dependents from previous enrollment and is required **Note:** No notable information	C	Dependent Information	String	**LONG NAME**	**PARTICIPANT RELATIONSHIP**	**CODE VALUE**	3
						Dependent Natural Born Child	Child	DBC	
						Dependent Adopted Child	Child	DAC	
						Economically Dependent Child	Child, Niece, Nephew, Grandchild, Step Child, Domestic Partner Child, Step Grandchild, Great Grandchild	EDC	
						Spouse	Spouse	SPO	
						Step Child	Child	STC	
						Domestic Partner	Domestic Partner	DP	
						Domestic Partner Child	Child	DPC	
						Sibling	Sibling	SIB	

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
86	Disabled Dependent Indicator	**Description:** Indicates if the added dependent is a disabled, dependent child **Explanation:** Data accepted for Health Event Type 'New Enrollment' if dependent is added during New Enrollment Data accepted for Health Event Type 'Add Dependent' if Eligibility Basis is 'COBRA Qual Subscriber' Not used for Health Event Type 'Add Dependent', if Eligibility Basis is 'COBRA Qual Dependent', or 'COBRA Qualifying Dependent New Contracting'; Can only carry over dependents from previous enrollment Data accepted during Health Event Type 'Open	O	Dependent Information	String	True False	5

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
		Enrollment' for Health Event Reason 'New Enrollment', if dependent is added during new enrollment **Required:** No required data **Note:** No notable information					
87	Disabled Dependent Confirmation Indicator	**Description:** Indicates that the Employer understands the disabled dependent enrollment is not confirmed until review by CalPERS **Explanation:** See description **Required** if Disabled Dependent Indicator is supplied **Note:** No notable information	C	Dependent Information	String	True False	5

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
88	Economically Dependent Confirmation Indicator	**Description:** Indicates if the economically dependent child was validated **Explanation:** See description **Required** if Dependent Type is 'Economically Dependent Child' **Note:** No notable information	C	Dependent Information	String	True False	5

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
89	Dependent Acquired Date	**Description:** The date the child was declared economically dependent to the Subscriber. **Explanation:** See description. **Required** if 'Economically Dependent Confirmation indicator' is supplied **Note:** No notable information	C	Dependent Information	Date	yyyy-mm-dd	10
90	Apply to Medical	**Description:** Indicates if the Enrollment transaction should be applied to Medical **Explanation:** See description **Required** for the Health Event Types 'New Enrollment' and 'Add	C	Dependent Information	String	True False	5

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
		Dependent'					
		Required for the Health Event Type 'COBRA New Enrollment' if the Eligibility Basis is 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting'					
		Required for the Health Event Type 'Open Enrollment' if Health Enrollment Reason is 'New Enrollment'					
		Required for the Health Event Type 'Open Enrollment' if Health Enrollment Reason is 'Add Dependent					
		Note: No notable information					

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
91	Apply to Dental *(placeholder data element tied to future legislation)*	**Description:** If dental becomes an option in the future, this data element would indicate that the enrollment is applicable to dental benefit type **Explanation:** See description **Required:** No required data **Note:** No notable information	C	Dependent Information	String	True False	5

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	DATA HIERARCHY	DATA TYPE	FIELD VALUES	MAX LENGTH
92	Apply to Vision *(placeholder data element tied to future legislation)*	**Description:** If vision becomes an option in the future, this data element would indicate that the enrollment is applicable to vision benefit type **Explanation:** See description **Required:** No required data **Note:** No notable information	C	Dependent Information	String	True False	5

Appendix A – Valid Field Values

1. Health Event Type Descriptions

Health Event Type	Code Value	Definition
Add Dependent	ADP	Add dependent for health coverage
Delete Dependent	DDP	Delete a dependent from health coverage
Cancel Coverage	CCO	Terminate health enrollment
Change Health Plan	CHP	Change medical, dental (future provision), or vision (future provision) plan for the health enrollment
Dependent Address Change	DEC	Update address information for existing dependents
Change Premium Payment Method	CPP	Direct Pay or Off-Pay status due to appointment events such as LOA & PI
New Enrollment	NEN	New health enrollment
Open Enrollment	OEN	Open enrollment health elections
Continued Enrollment	COE	Health enrollment coverage for the extended period between Active status and Retired status.
Update Enrollment	UEN	Update address information for the Subscriber; Update Medical Group assignments for health benefits
COBRA New Enrollment	CNE	Continuation of health enrollment (under COBRA) due to cancel coverage based on events such as permanent separation, 23 year old dependent, or divorce

2. Health Event Reason (Sorted by Health Event Types, Ascending)

LONG NAME (Event Reason)	CODE VALUES	HEALTH EVENT TYPE
Birth/placement	200	Add Dependent
Court Order	208	Add Dependent
Custody	202	Add Dependent
Domestic Partner Add	215	Add Dependent
Domestic Partner Child Add	216	Add Dependent
Economically dependent	203	Add Dependent
Loss of Coverage	204	Add Dependent
Marriage	201	Add Dependent
Medically Disabled	210	Add Dependent
New Contracting - Medically Disabled	218	Add Dependent
Off pay Open Enrollment	207	Add Dependent
Return from Military Leave	205	Add Dependent
Special Enrollment Dependent	213	Add Dependent
Appeal denied	507	Cancel Coverage
Cancel: Perm Separation	515	Cancel Coverage
Layoff Cancel	516	Cancel Coverage
Military Leave	534	Cancel Coverage
Off Pay Status Cancel	533	Cancel Coverage
Reinstatement (Non-PERS)	535	Cancel Coverage
Subscriber Death	526	Cancel Coverage
Subscriber request	505	Cancel Coverage
Subscriber Request - COBRA	536	Cancel Coverage
Update CBU Benefits	836	Cancel Coverage
Association membership	403	Change Health Plan
Change Plan due to Eligibility ZIP Change	412	Change Health Plan
Move	402	Change Health Plan
Off Pay during Open Enrollment	401	Change Health Plan
Out of association plan	404	Change Health Plan
Special Enrollment - Change Health Plan	405	Change Health Plan

LONG NAME (Event Reason)	CODE VALUES	HEALTH EVENT TYPE
Chg to deduct-FMLA	715	Change Premium Payment Method
Chg to deduct-Retirement	716	Change Premium Payment Method
Chg to deduct-Return to Work	712	Change Premium Payment Method
Insufficient earnings	709	Change Premium Payment Method
LOA	704	Change Premium Payment Method
Pending NDI	710	Change Premium Payment Method
Suspension	707	Change Premium Payment Method
Worker Comp/Claim Pending	705	Change Premium Payment Method
COBRA Death of Employee	134	COBRA New Enrollment
COBRA Dep Cont-Sub on Medicare	135	COBRA New Enrollment
COBRA Div/Sep/Mv from Household	133	COBRA New Enrollment
COBRA Loss of Dependent Status	136	COBRA New Enrollment
COBRA Loss of Employment	132	COBRA New Enrollment
COBRA New Contract Agency Dep	140	COBRA New Enrollment
COBRA New Contract Agency Sub	139	COBRA New Enrollment
COBRA Reduction in Hours	131	COBRA New Enrollment
Pending Retirement	119	Continued Enrollment
Pending Retirement - Deferred Retirees	169	Continued Enrollment
Re-enroll SES/PA FFPO Survivor	146	Continued Enrollment
23 year old delete	301	Delete Dependent
Change of custody	312	Delete Dependent
Death of Dependent	300	Delete Dependent
Divorce	302	Delete Dependent
Domestic Partner Child Term	319	Delete Dependent
Domestic Partner Term	318	Delete Dependent
Enroll Own Right Dependent	304	Delete Dependent
Gains other coverage	307	Delete Dependent
Ineligible dependent	306	Delete Dependent
Legal separation	308	Delete Dependent
Loss economic dependence	310	Delete Dependent
Marriage of Dependent Child	303	Delete Dependent

LONG NAME (Event Reason)	CODE VALUES	HEALTH EVENT TYPE
Military - Del Dependent	309	Delete Dependent
No longer certifiable	305	Delete Dependent
Optional Delete	311	Delete Dependent
Vacates household	313	Delete Dependent
Address Update	900	Dependent Address Change
Enroll < half time Emp	148	New Enrollment
Enroll Own right Employees	108	New Enrollment
Late or Loss of Coverage (Emp)	101	New Enrollment
Layoff: Enroll Direct Pay	123	New Enrollment
Military - New Enrollment	103	New Enrollment
NC EE Enroll < half time Emp	150	New Enrollment
New contracting employee	115	New Enrollment
New Contracting LOA	118	New Enrollment
New contracting Survivor without Benefits	163	New Enrollment
Re-employment	167	New Enrollment
Reinstatement	102	New Enrollment
Special Enrollment Employees	129	New Enrollment
STRS Survivor No Allowance	149	New Enrollment
Survivor Without Benefits	128	New Enrollment
Time Base & Tenure	100	New Enrollment
OE Cancel Coverage	530	Open Enrollment
OE Enroll < half time Emp New Enrollment	170	Open Enrollment
Open Enrollment Add Dep	206	Open Enrollment
Open Enrollment Change Health Plan	400	Open Enrollment
Open Enrollment Delete Dependent	320	Open Enrollment
Open Enrollment Employees New Enrollment	104	Open Enrollment
Recertification of Disabled Dependent	906	Recertify Dependent
Cancel Eligibility Zip - Employer	481	Update Enrollment
Change Eligibility Zip - Employer	480	Update Enrollment
Change Medical Group	904	Update Enrollment
Opt in Vesting	908	Update Enrollment

LONG NAME (Event Reason)	CODE VALUES	HEALTH EVENT TYPE
Opt out Vesting	909	Update Enrollment
Update Demographics	905	Update Enrollment

3. **State Code Values (Sorted by Country, Ascending)**

LONG NAME	CODE VALUE	COUNTRY
Aguascalientes	AG	MEX
Baja California, Norte	BJ	MEX
Baja California, Sur	BS	MEX
Campeche	CP	MEX
Chiapas	CHI	MEX
Chihuahua	CI	MEX
Coahuila	CU	MEX
Colima	CL	MEX
Distrito Ferderal	DF	MEX
Durango	DG	MEX
Guanajuato	GJ	MEX
Guerrero	GR	MEX
Hidalgo	HG	MEX
Jalisco	JA	MEX
Mexico	EM	MEX
Michoacan	MH	MEX
Moreios	MR	MEX
Nayarit	NA	MEX
NuevoLeon	NL	MEX

Oaxaca	OA	MEX
Puebla	PU	MEX
Queretaro	QA	MEX
Quintana Roo	QR	MEX
San Luis Potosi	SL	MEX
Sinaloa	SI	MEX
Sonora	SO	MEX
Tabasco	TA	MEX
Tamaulipas	TM	MEX
Tlaxcala	TL	MEX
Veracruz	VZ	MEX
Yucatan	YC	MEX
Zacatecas	ZT	MEX
California	CA	USA
Alabama	AL	USA
Alaska	AK	USA
American Samoa	AS	USA
Arizona	AZ	USA
Arkansas	AR	USA
Armed Forces Europe	AE	USA
Armed Forces Pacific	AP	USA
Armed Forces the Americas	AA	USA
Colorado	CO	USA
Connecticut	CT	USA
Delaware	DE	USA
District of Columbia	DC	USA

Federated States of Micronesia	FM	USA
Florida	FL	USA
Georgia	GA	USA
Guam	GU	USA
Hawaii	HI	USA
Idaho	ID	USA
Illinois	IL	USA
Indiana	IN	USA
Iowa	IA	USA
Kansas	KS	USA
Kentucky	KY	USA
Louisiana	LA	USA
Maine	ME	USA
Marshall Islands	MH	USA
Maryland	MD	USA
Massachusetts	MA	USA
Michigan	MI	USA
Minnesota	MN	USA
Mississippi	MS	USA
Missouri	MO	USA
Montana	MT	USA
Nebraska	NE	USA
Nevada	NV	USA
New Hampshire	NH	USA
New Jersey	NJ	USA
New Mexico	NM	USA

New York	NY	USA
North Carolina	NC	USA
North Dakota	ND	USA
North Mariana Islands	MP	USA
Ohio	OH	USA
Oklahoma	OK	USA
Oregon	OR	USA
Palau	PW	USA
Pennsylvania	PA	USA
Puerto Rico	PR	USA
Rhode Island	RI	USA
South Carolina	SC	USA
South Dakota	SD	USA
Tennessee	TN	USA
Texas	TX	USA
Utah	UT	USA
Vermont	VT	USA
Virgin Islands	VI	USA
Virginia	VA	USA
Washington	WA	USA
West Virginia	WV	USA
Wisconsin	WI	USA
Wyoming	WY	USA

4. Country Code Values

LONG NAME	CODE VALUES
United States	US
Canada	CA
Mexico	MX
Afghanistan	AF
Albania	AL
Algeria	DZ
American Samoa	AS
Andorra	AD
Angola	AO
Anguilla	AI
Antarctica	AQ
Antigua & Barbuda	AG
Argentina	AR
Armenia	AM
Faroe Islands	FO
Aruba	AW
Ashmore & Cartier Islands	AC
Australia	AU
Austria	AT
Azerbaijan	AZ
Azores	P2
Bahamas	BS
Bahrain	BH
Baker Island	FQ
Bangladesh	BD

Barbados	BB
Bassas Da India	DI
Belarus	BY
Belgium	BE
Belize	BZ
Benin	BJ
Bermuda	BM
Bhutan	BT
Bolivia	BO
Bosnia-Herzegovina	BA
Botswana	BW
Bouvet Island	BV
Brazil	BR
British Indian Ocean Terr	IO
Brunei	BN
Bulgaria	BG
Burkina Faso	BF
Burma	BU
Burundi	BI
Cambodia	KH
Cameroon	CM
Canary Islands	S2
Cape Verde	CV
Cayman Islands	KY
Central African Republic	CF
Chad	TD
Chile	CL
China	CN
Christmas Island (Pacific)	CX

Christmas Isln-Indian Ocn	KT
Clipperton Island	IP
Cocos (Keeling) Islands	CC
Colombia	CO
Comoros	KM
Congo	CG
Cook Islands	CK
Coral Sea Islands Terrtry	CT
Costa Rica	CR
Croatia	HR
Cuba	CU
Cyprus	CY
Czech Republic	CZ
Denmark	DK
Djibouti	DJ
Dominica	DM
Dominican Republic	DO
Ecuador	EC
Egypt	EG
El Salvador	SV
England	U5
Equatorial Guinea	GQ
Eritrea	ER
Estonia	EE
Ethiopia	ET
Europa Island	EU
Falkland Islands	FA
Fiji	FJ
Finland	FI

France	FR
French Guiana	GF
French Polynesia	FP
French Southern Antarctic	FS
Gabon	GA
Gambia	GM
Gaza Strip	GZ
Georgia	GE
Germany	DE
Ghana	GH
Gibraltar	GI
Glorioso Islands	GO
Greece	GR
Greenland	GL
Grenada	GD
Guadeloupe	GP
Guam	GU
Guatemala	GT
Guernsey	GG
Guinea	GN
Guinea Bissau	GW
Guyana	GY
Haiti	HT
Heard Mcdonald Islands	HM
Honduras	HN
Hong Kong	HK
Howland Island	HQ
Hungary	HU
Iceland	IS

India	IN
Indonesia	ID
Iran	IR
Iraq	IQ
Iraq Saudi Arabia Neutral	IY
Ireland	IE
Isle Of Man	IM
Israel	IL
Italy	IT
Ivory Coast	IV
Jamaica	JM
Jan Mayen	JN
Japan	JP
Jersey	JE
Johnston Atoll	JQ
Jordan	JO
Juan De Nova Island	JU
Kazakhstan	KZ
Kenya	KE
Kingman Reef	KQ
Kiribati	KI
Kosovo	KW
Kuwait	KG
Kyrgyzstan	LA
Laos	LV
Latvia	LB
Lebanon	LS
Lesotho	LR
Liberia	LY

Libya	LI
Liechtenstein	LT
Lithuania	LU
Luxembourg	MO
Macau	MK
Macedonia	MG
Madagascar	MW
Malawi	MY
Malaysia	MV
Maldives	ML
Mali	MT
Malta	MH
Marshall Islands	MQ
Martinique	MR
Mauritania	MU
Mauritius	YT
Mayotte	FM
Micronesia	MI
Midway Islands	MD
Moldova	MC
Monaco	MN
Mongolia	ME
Montenegro	MS
Montserrat	MA
Morocco	MZ
Mozambique	NA
Namibia	NR
Nauru	BQ
Navassa Island	NP

Nepal	NL
Netherlands	AN
Netherlands Antilles	NC
New Caledonia	NZ
New Zealand	NI
Nicaragua	NE
Niger	NG
Nigeria	NU
Niue	NF
Norfolk Island	KN
North Korea	U2
Northern Ireland	MP
Northern Mariana Islands	NO
Norway	OM
Oman	PK
Pakistan	LQ
Palmyra Atoll	PA
Panama	PG
Papua New Guinea	PF
Paracel Islands	PY
Paraguay	PE
Peru	PH
Philippines	PN
Pitcairn Island	PL
Poland	PT
Portugal	RQ
Puerto Rico	QA
Qatar	KS
Republic Of South Korea	RE

Reunion	RO
Romania	RU
Russia	RW
Rwanda	SM
San Marino	ST
Sao Tome & Principe	SA
Saudi Arabia	U3
Scotland	SN
Senegal	RS
Serbia	SC
Seychelles	SL
Sierra Leone	SG
Singapore	SK
Slovakia	SI
Slovenia	SB
Solomon Islands	SO
Somalia	ZA
South Africa	ES
Spain	SP
Spratly Islands	LK
Sri Lanka	SH
St Helena	NK
St Kitts & Nevis	SU
St Lucia	SQ
St Pierre & Miquelon	VC
St Vincent & Grenadines	SD
Sudan	SR
Suriname	SJ
Svalbard	SZ

Swaziland	SE
Sweden	CH
Switzerland	SY
Syria	TW
Taiwan	TI
Tajikistan	TZ
Tanzania	TH
Thailand	TG
Togo	TK
Tokelau	TO
Tonga	TT
Trinidad and Tobago	TE
Tromelin Island	PS
Trust Terr Of Pacific Isl	TN
Tunisia	TR
Turkey	TM
Turkmenistan	TC
Turks & Caicos Islands	TV
Tuvalu	UG
Uganda	UA
Ukraine	AE
United Arab Emirates	GB
United Kingdom	UK
Uruguay	UY
Uzbekistan	UZ
Vanuatu	VU
Vatican City	VT
Venezuela	VE
Vietnam	VN

Virgin Islands(British)	VG
Virgin Islands(U.S.)	VI
Wake Island	WQ
Wales	U4
Wallis & FUTUNA	WF
West Bank	WE
Western Sahara	EH
Western Samoa	WS
Yemen	YE
Yugoslavia	YO
Zaire	ZR
Zambia	ZM
Zimbabwe	ZW

5. County Code Values

LONG NAME	CODE VALUE
1 - Alameda	001
2 - Alpine	003
3 - Amador	005
4 - Butte	007
5 - Calaveras	009
6 - Colusa	011
7 - Contra Costa	013
8 - Del Norte	015
9 - El Dorado	017
10 - Fresno	019
11 - Glenn	021
12 - Humboldt	023
13 - Imperial	025
14 - Inyo	027
15 - Kern	029
16 - Kings	031
17 - Lake	033
18 - Lassen	035
19 - Los Angeles	037
20 - Madera	039
21 - Marin	041
22 - Mariposa	043
23 - Mendocino	045
24 - Merced	047
25 - Modoc	049
26 - Mono	051
27 - Monterey	053

LONG NAME	CODE VALUE
28 - Napa	055
29 - Nevada	057
30 - Orange	059
31 - Placer	061
32 - Plumas	063
33 - Riverside	065
34 - Sacramento	067
35 - San Benito	069
36 - San Bernardino	071
37 - San Diego	073
38 - San Francisco	075
39 - San Joaquin	077
40 - San Luis Obispo	079
41 - San Mateo	081
42 - Santa Barbara	083
43 - Santa Clara	085
44 - Santa Cruz	087
45 - Shasta	089
46 - Sierra	091
47 - Siskiyou	093
48 - Solano	095
49 - Sonoma	097
50 - Stanislaus	099
51 - Sutter	101
52 - Tehama	103
53 - Trinity	105
54 - Tulare	107
55 - Tuolumne	109
56 - Ventura	111
57 - Yolo	113

LONG NAME	CODE VALUE
58 - Yuba	115
Out of State	000
1st District (SF)	100
2nd District (LA)	110
2nd Sub District (Ventura)	117
3rd District (Sac)	120
4th District (San Diego)	130
4th Sub District (Riverside)	131
4th Sub District (Santa Ana)	132
5th District (Fresno)	140
6th District (Santa Clara)	150

6. Permissive Event Reasons

HEALTH EVENT REASON	HEALTH EVENT REASON CODE	HEALTH EVENT
Custody	202	Add Dependent
Domestic Partner Add	215	Add Dependent
Domestic Partner Child Add	216	Add Dependent
Economically dependent	203	Add Dependent
Loss of Coverage	204	Add Dependent
Marriage	201	Add Dependent
Medically Disabled	210	Add Dependent
New Contracting - Medically Disabled	218	Add Dependent
Off pay Open Enrollment	207	Add Dependent
Return from Military Leave	205	Add Dependent
Special Enrollment Dependent	213	Add Dependent
Cancel: Perm Separation	515	Cancel Coverage
Military Leave	534	Cancel Coverage

HEALTH EVENT REASON	HEALTH EVENT REASON CODE	HEALTH EVENT
Off Pay Status Cancel	533	Cancel Coverage
Subscriber request	505	Cancel Coverage
Subscriber Request - COBRA	536	Cancel Coverage
Association membership	403	Change Health Plan
Change Plan due to Eligibility ZIP Change	412	Change Health Plan
Move	402	Change Health Plan
Off Pay during Open Enrollment	401	Change Health Plan
Special Enrollment - Change Health Plan	405	Change Health Plan
Chg to deduct-FMLA	715	Change Premium Payment Method
Chg to deduct-Return to Work	712	Change Premium Payment Method
Insufficient earnings	709	Change Premium Payment Method
LOA	704	Change Premium Payment Method
Pending NDI	710	Change Premium Payment Method
Suspension	707	Change Premium Payment Method
Worker Comp/Claim Pending	705	Change Premium Payment Method
COBRA Death of Employee	134	COBRA New Enrollment
COBRA Dep Cont-Sub on Medicare	135	COBRA New Enrollment
COBRA Div/Sep/Mv from Household	133	COBRA New Enrollment
COBRA Loss of Dependent Status	136	COBRA New Enrollment
COBRA Loss of Employment	132	COBRA New Enrollment
COBRA New Contract Agency Dep	140	COBRA New Enrollment
COBRA New Contract Agency Sub	139	COBRA New Enrollment
COBRA Reduction in Hours	131	COBRA New Enrollment
Pending Retirement	119	Continued Enrollment
Pending Retirement - Deferred Retirees	169	Continued Enrollment
Re-enroll SES/PA FFPO Survivor	146	Continued Enrollment
Change of custody	312	Delete Dependent
Gains other coverage	307	Delete Dependent
Ineligible dependent	306	Delete Dependent

HEALTH EVENT REASON	HEALTH EVENT REASON CODE	HEALTH EVENT
Legal separation	308	Delete Dependent
Military - Del Dependent	309	Delete Dependent
Optional Delete	311	Delete Dependent
Vacates household	313	Delete Dependent
Enroll < half time Emp	148	New Enrollment
Enroll Own right Employees	108	New Enrollment
Late or Loss of Coverage (Emp)	101	New Enrollment
Layoff: Enroll Direct Pay	123	New Enrollment
Military - New Enrollment	103	New Enrollment
NC EE Enroll < half time Emp	150	New Enrollment
New contracting employee	115	New Enrollment
New Contracting LOA	118	New Enrollment
New contracting Survivor without Benefits	163	New Enrollment
Re-employment	167	New Enrollment
Reinstatement	102	New Enrollment
Special Enrollment Employees	129	New Enrollment
STRS Survivor No Allowance	149	New Enrollment
Survivor Without Benefits	128	New Enrollment
Time Base & Tenure	100	New Enrollment
OE Cancel Coverage	530	Open Enrollment
OE Enroll < half time Emp New Enrollment	170	Open Enrollment
Open Enrollment Add Dep	206	Open Enrollment
Open Enrollment Change Health Plan	400	Open Enrollment
Open Enrollment Delete Dependent	320	Open Enrollment
Open Enrollment Employees New Enrollment	104	Open Enrollment
Cancel Eligibility Zip - Employer	481	Update Enrollment
Change Eligibility Zip - Employer	480	Update Enrollment

Appendix B – Comparison of New Field Values to Legacy (ACES) Field Values

#	my|CalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
1	Employer's CalPERS ID	A unique 10-digit identifier created by the new system, Once the Employer becomes an approved Business Partner, the new system will create this unique identifier. This identifier replaces the Employer/Unit Code.	Participant / PERS ER Code	Yes
2	Health Event Type	The health event type	Transaction Type	Yes
3	Health Event Reason	The reasons for health enrollment. These are categorized by Health Event Types	Health Event Reason Code	Yes
4	Unique Transaction Identifier	The Unique Transaction Identifier is a memo field to record text. Employers uploading files can use this field to record a text memo for tracking purposes.	Transaction #	No
5	Event Date	The date that the health event occurred.	Event Date	No
6	Received Date	The date that the Employer was notified of the health event.	HBO Received Date	No
7	Apply Change To Medical	Indicates that the change/enrollment is applicable to Medical benefit type.	Non-existent	Yes
8	Apply Change To Dental	If dental becomes an option in the future, this data element indicates the change/enrollment applies to the Dental benefit.	Non-existent	Yes

#	my|CalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
9	Apply Change To Vision	If vision becomes an option in the future, this data element indicates the change/enrollment applies to Vision benefit.	Non-existent	Yes
10	Rescind Indicator	Indicates whether a health enrollment transaction, with a future date, should be rescinded.	Non-existent	Yes
11	Rescind Reason	Reason why a health enrollment transaction is rescinded.	Non-existent	Yes
12	Rescind Notes	Notes about the reason for rescission.	Non-existent	Yes
13	Appointment ID	This represents the position into which the Employee was hired. CalPERS will generate and store Appointment ID for the Participant at the time of enrollment. If the Employee has been hired into a new job for an existing appointment, this ID can be reported by the Employer (e.g., Employee switches from being a janitor to bus driver) to identify the employee.	Non-existent	Yes
14	Person Identifier Type	Type of unique Person identifier.	Non-existent	Yes

#	my|CalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
15	**Person Identifier**	The unique identifier available for the Person that is provided.	**SSN**	Yes
16	**New SSN**	The New SSN is a correction to the Social Security Number	**Non-existent**	Yes
17	**Original Hire Date**	The first date of hire for this Employee at this Employer.	**Non-existent**	Yes
18	**Retirement System**	The retirement system that the subscriber receives retirement benefits from	**Non-existent**	Yes
19	**Prefix**	The Person's prefix.	**Non-existent**	Yes
20	**First Name**	The Person's first name.	**First Name**	No
21	**Middle Name**	The Person's middle name.	**Middle Name**	No
22	**Last Name**	The Person's last name.	**Last Name**	Yes
23	**Gender**	The Person's gender.	**Gender**	No
24	**Birth Date**	The Person's date of birth.	**Date of Birth**	No
25	**Suffix**	The Person's suffix.	**Name Suffix**	Yes
26	**Address Type**	Types of address.	**Addr Type**	No
27	**Use Address for Health**	Indicates that the Person's address should be used for health enrollment.	**Non-existent**	Yes

#	my|CalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
28	Health Eligibility ZIP Code Type	The type of Zip Code used to determine health eligibility.	Eligibility ZIP Type	No
29	Health Eligibility ZIP Code	The health eligibility Zip Code.	Eligibility ZIP	No
30	County	The county the Employee designates for health eligibility.	Non-existent	Yes
31	Address 1	The first address line.	Alt Address Line	No
32	Address 2	The second address line.	Alt Address Line	No
33	Address 3	The third address line.	Non-existent	Yes
34	City	The city.	City	No
35	State	The state.	State	No
36	ZIP Code 5	The Zip or postal code.	ZIP Code 5	Yes
37	ZIP Code 4	The Zip or postal code.	ZIP Code 4 ZIP Code 2	Yes
38	Country	The country.	Country	No
39	Province/Territory	The province or territory.	Province / Territory	No
40	Postal Code	The international postal code.	Non-existent	Yes
41	Phone Type	The phone type such as mobile or fax.	Non-existent	Yes
42	US Phone	The Person's contact phone number in the USA.	Daytime Phone Area Daytime Phone	No
43	International Phone	The Person's International contact phone number.	Non-existent	Yes
44	Extension	The Person's phone number extension.	Non-existent	Yes
45	Email	The Person's e-mail.	Non-existent	Yes
46	Qualifying Person ID Type	The type of unique identifier for the member that qualifies the Subscriber for health enrollment.	Non-existent	Yes
47	Qualifying Person ID	The unique identifier of the	Qualifying SSN	No

#	my|CalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
		member who qualifies the Subscriber for health enrollment.		
48	Permanent Separation Date	Last day of a qualifying individual's employment.	Participant / Effective Date	No
49	Retirement Date	Retirement date of the qualifying individual	Non-existent	Yes
50	First Name	The Employee's first name.	First Name	No
51	Middle Name	The Employee's middle name.	Middle Name	No
52	Last Name	The Employee's last name.	Last Name	Yes
53	Gender	The Employee's gender.	Gender	No
54	Birth Date	The Employee's date of birth.	Birth Date New Birth Date	No
55	Eligibility Basis	The basis for COBRA eligibility.	Eligibility Basis	No
56	Original Cobra Start Date	The first day of COBRA health enrollment coverage.	COBRA Start Date	No
57	Affiliated Association	The affiliated association of the qualifying individual.	Non-existent	Yes
58	Medical Plan Selection	Used to select a medical plan.	Plan Code	No
59	Medical Group	Medical group of the qualifying Individual	Medical Group	No
60	Dental Plan Selection	Used to select a dental plan.	Non-existent	Yes
61	Vision Plan Selection	Used to select a vision plan.	Non-existent	Yes
62	Dependent Identifier Type	The unique identifier available for the Dependent that is provided.	Non-existent	Yes
63	Dependent Identifier	The unique Dependent identifier, as specified by Identifier Type field.	Dependent / SSN	No
64	Dependent Gender	The Dependent's gender.	Dependent / Gender	No
65	Dependent DOB	The Dependent's date of birth.	Dependent / DOB	No

#	my|CalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
66	Dependent Prefix	The Dependent's prefix.	Non-existent	Yes
67	Dependent First Name	The Dependent's first name.	Dependent / First Name	No
68	Dependent Middle Name	The Dependent's middle name.	Dependent / Middle Name	No
69	Dependent Last Name	The Dependent's last name.	Dependent / Last Name	Yes
70	Dependent Suffix	The Dependent's suffix.	Dependent / Name Suffix	No
71	Date of Marriage/Partnership	The date the Dependent became a spouse/domestic partner of the Primary Subscriber.	Event Date	No
72	Address Same as Primary Subscriber	Indicator of whether the Dependent's address is the same as that of the Primary Subscriber.	Non-existent	Yes
73	Dependent Address Type	The Dependent's types of address.	Non-existent	Yes
74	Dependent Address 1	The first address line of the Dependent's address.	Non-existent	Yes
75	Dependent Address 2	The second address line of the Dependent's address.	Non-existent	Yes
76	Dependent Address 3	The third address line of the Dependent's address.	Non-existent	Yes
77	Dependent City	The city of the Dependent's address.	Non-existent	Yes
78	Dependent State	The state of the Dependent's address.	Non-existent	Yes
79	Dependent ZIP Code 5	The 5 digit ZIP or postal code of the Dependent's address.	Non-existent	Yes
80	Dependent ZIP Code 4	The 4 or 2 additional digits of a ZIP or postal code of the Dependent's address.	Non-existent	Yes
81	Dependent Country	The country of the Dependent's address.	Non-existent	Yes

#	my|CalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
82	**Dependent Province/Territory**	The province or territory of the Dependent's address.	**Non-existent**	Yes
83	**Dependent Postal Code**	The international postal code of dependent	**Non-existent**	Yes
84	**Dependent Relationship**	The Dependent's relationship to the Primary Subscriber.	**Dependent / Legacy Relationship Code**	No
85	**Dependent Type**	The type of Dependent.	**Non-existent**	Yes
86	**Disabled Dependent Indicator**	Indicates if the added dependent is a disabled dependent child.	**Non-existent**	Yes
87	**Disabled Dependent Confirmation Indicator**	Indicates that the Employer understands the disabled dependent enrollment is not confirmed until review by CalPERS.	**Non-existent**	Yes
88	**Economically Dependent Confirmation Indicator**	Indicates if the economically dependent child has been validated	**Non-existent**	Yes
89	**Dependent Acquired Date**	The date that the economically child is acquired by the subscriber	**Non-existent**	Yes
90	**Apply to Medical**	Indicates if the enrollment transaction should be applied to Medical.	**Non-existent**	Yes
91	**Apply to Dental**	Indicates if the enrollment transaction should be applied to Dental.	**Non-existent**	Yes
92	**Apply to Vision**	Indicates if the enrollment transaction should be applied to Vision.	**Non-existent**	Yes